U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

(File Number 11		
1. File Number U - 564/	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Frank M Vento	Name Irenworkers Local Union 517	
	Labor Organization File Number @22-15 §	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 851 Pierce Butler Rt.	Street 851 Pierce Butler Rt	
City Si. Paul	City Sz. Paul	
State MN ZIP Code + 4 SSIC4-1634	State MN ZIP Code + 4 55164 -/634	
5. Position in labor organization. President/Marke	+ Recovery Program Otrector	
Enter appropriate data below If, during the past fiscal year, you or your spou (except as specified in the exclusion)	se or minor child directly or indirectly had any of the following interests sions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or omenatory value from an employer whose employees your organization.	erived income or other economic benefit of on represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed IT MINITED	on 7-6-05 651-488-5506	
7-1-6-	Date Telephone Number	
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13.b. Is the Business an Employer

State

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14.b. Amount of payment.

ZIP Code + 4 55402

or Consultant

\$100.00

B. Hist an interest in or danked income of exception channels, with more interesting to depressed and injusting the contents of the pulsary form selling or leasting that or developed and injusting the business of an employer whose employees you labor organization represents or is actively seeking to represent or (2) any part of which consists of business (including trade name, if any). A Name and address of Business (including trade name, if any).	Name of Person Filling Frank M. Vento	File Number U -	
Name Trade Name, if any:	substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in	wise dealing with the business ively seeking to represent, or directly to or otherwise	
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Green Labors Tobricanes (Creater Asson.) Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 1001 Ware Just 101 14.b. Amount of navment	Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	a. Labor Organization b. Trust c. Employer	
State ZIP Code + 4 12.b. Amount. 13.a. Name any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Green Labor Fabricanasci Enceters Asser. Trade Name, if any: P.O. Box, Bidg., Room No., if any Suite 1101 Street 1001 Weedward Dr. City Detroit State MT ZIP Code + 4 48264	Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.b. Approximate dollar value of such dealing.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Great Lakes rabinators teretas Associations Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 1101 Street 1001 Wardward Dr. City Detroit ZIP Code +4 4/8266 14.b. Amount of payment.	State ZIP Code + 4	12.a. Nature of interest field of income received.	
or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Green Labes Fabricators + Greeters Assen. Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 1101 Street 1001 Woodward Dr. City Detroit ZIP Code +4 48266 14.a. Nature of payment. 14.a. Nature of payment. Coctail Reception in Connection Trin Council District Meeting in Bell Aire, MI on 1-1-04 14.b. Amount of payment.		12.b. Amount.	
(including trade name, if any). Name Great Lakes Robinstant's t Greaters Asrm. Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 1101 Street 1001 Woodward Dr. City Detroit State MI ZIP Code +4 48366 14 b. Amount of payment			
13.b. Is the Business an Employer or Consultant?	(including trade name, if any). Name Green Lakes Fabricaions & Greetors Assm. Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 1101 Street 1001 Wess Justid Dr. City Detroit	Coctail Reception in Connection with Ironworkers Joint	
	13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. 450.00	

Name of Person Filing Frank M. Vento	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Twin Cing Transport Ress Fringe Renibir Conds Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite Swo Street 3001 Metro Drive City Remains	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Acts as ERISA Trust Funds For participants	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	Box lunches previded in connection with entendance at Twom Cing Fromworkers Fringe Benifit Funds Trustee Meetings com 2-10-04/5-12-04/7-20-04/8-25-04	
	12.b. Amount. 450.00	

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Name of Person Filing Frank M. Vento	File Number U -	
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8. Name and address of Business (including trade name, if any). Name Twin (in Transporters Apprentice Trains found) Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite SOO Street 3001 Merro Drive City Bloomington State MN J ZIP Code +4 55425-140	9. Business deals with: X a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Provides Apprentice Training and Jovineyman Upgrading Services	
Trade Name, if any:	Jovineyman Upgrading Services	
P.O. Box, Bidg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing. #300,000	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	Reception and Dinner provided	
	in connection wish attendance at apprentise graduation ceremonies on 4-30-04 and 10-29-04	
	12.b. Amount. 4104, 48	